

From (Name by Name Dept)		Phone	Origin Signature Name	Service Type
<u>C Cunningham</u>			<u>ETP 67101703675</u>	<input type="checkbox"/> Check one box Express statements Carried max returning Expediting Delivery areas only <input type="checkbox"/> Express (Next Day)
Company Name		Printed Format No.	Customer No.	
<u>HOUSEHOLD FINANCIAL SERV</u>		<u>079446407</u>	<u>195138321</u>	
Salesperson Name		Date	Weight	<input type="checkbox"/> Express <input type="checkbox"/> Parcel
<u>S. GRAND REGENCY BLVD</u>		<u>3/28/01</u>	<u>1</u>	<input type="checkbox"/> Express <input type="checkbox"/> Parcel
City		Zip Code (Required)	Special Instructions	
<u>BRANDON</u>		<u>FL 33510</u>	<input type="checkbox"/> Hold at	<input type="checkbox"/> Saturday Delivery
To (Name Dept)		Phone	<input type="checkbox"/> Airborne	
<u>BARBARA Armstrong</u>			<input type="checkbox"/> Shippers Reference No.	
Customer Name			<u>PSC 992852</u>	
Street Address			Instructions	
<u>Office of the Attorney General</u>				
<u>11 S. Union St.</u>				
Receiver Key		Zip Code (Required)		
		<input type="checkbox"/> Domestic	<input type="checkbox"/> Full Value	<input type="checkbox"/> Insurance
			Insurance information will be collected if requested. Checkmark here if insurance is desired.	
LIBRA SHIPPING REQUEST FORM				
DRIVER: THIS IS NOT AN AIRBILL.				
LIBRA LABEL MUST ACCOMPANY THIS REQUEST FORM				
SENDER'S COPY				

Plaintiff
Exhibit

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